
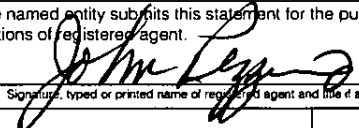
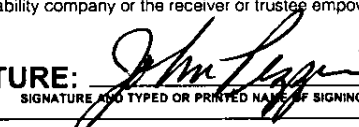


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90119 013 \*\*\*138.75

<b>DOCUMENT # L04000004228</b>					
<b>1. Entity Name</b> FIRST FUNDING, L.L.C.					
<b>Principal Place of Business</b> 801 12TH AVENUE SOUTH 302 NAPLES, FL 34102 US			<b>Mailing Address</b> 801 12TH AVENUE SOUTH 302 NAPLES, FL 34102 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 5651 NAPLES BLVD		<b>3. Mailing Address</b> 12870 TRADE WAY FMC #108			
Suite, Apt. #, etc.		Suite, Apt. #, etc. PMB 315			
<b>City &amp; State</b> NAPLES, FL		<b>City &amp; State</b> BONITA SPRINGS, FL		<b>4. FEI Number</b> 20-0597268	
<b>Zip</b> 34109		<b>Country</b> USA		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> PEZZINO, JOHN 801 12TH AVENUE SOUTH 302 NAPLES, FL 34102			<b>7. Name and Address of New Registered Agent</b> Name: JOHN PEZZINO Street Address (P.O. Box Number is Not Acceptable): 5651 NAPLES BLVD City: NAPLES FL Zip Code: 34109		
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE: 		JOHN PEZZINO P.A./acct		DATE: 3/11/08	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
<b>9. MANAGING MEMBERS/MANAGERS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VINTAGE HOLIDAYS, LLC 2212 PAGET CIRCLE NAPLES, FL 34102 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>10. ADDITIONS/CHANGES</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
SIGNATURE: 		JOHN PEZZINO		DATE: 4/14/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #: 239 591 3246	

50003831

